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| IRB ID: |

**INSTITUTIONAL REVIEW BOARD (IRB)**

**Exempt Study Review Form**

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| Title of Project: |

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| Principal Investigator (PI): | | | | | Degrees: |
| University ID: | Phone: | | Email Address:      @iastate.edu | | |
| Correspondence Address: | | | | | |
| Department: | | | | College/Center/Institute: | |
| PI Level:  Tenured, Tenure-Eligible, & NTER Faculty  Adjunct/Affiliate Faculty  Collaborator Faculty  Emeritus Faculty   Visiting Faculty/Scientist  Senior Lecturer/Clinician  Lecturer/Clinician, w/Ph.D. or DVM  P&S Employee, P37 & above   Extension to Families/Youth Specialist  Field Specialist III  Postdoctoral Associate  Graduate/Undergrad Student  Other (specify:      ) | | | | | |
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| FOR STUDENT PROJECTS (*Required when the principal investigator is a student*) | | | | | |
| Name of Major Professor/Supervising Faculty: | | | | | |
| University ID: | | Phone: | | Email Address:      @iastate.edu | |
| Campus Address: | | | | Department: | |
| Type of Project: (check all that apply)   Thesis/Dissertation  Class Project  Other (specify:      ) | | | | | |

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| Alternate Contact Person: | Email Address: |
| Correspondence Address: | Phone: |

###### ASSURANCE

* I certify that the information provided in this application is complete and accurate and consistent with any proposal(s) submitted to external funding agencies. Misrepresentation of the research described in this or any other IRB application may constitute non-compliance with federal regulations and/or academic misconduct.
* I agree to provide proper surveillance of this project to ensure that the rights and welfare of the human subjects are protected. I will report any problems to the IRB. See [Reporting Adverse Events and Unanticipated Problems](http://www.compliance.iastate.edu/irb/guide/docs/AdverseEventReporting.pdf) for details.
* I agree that modifications to the approved project will not take place without prior review and approval by the IRB.
* I agree that the research will not take place without the receipt of permission from any cooperating institutions, when applicable.
* I agree to obtain approval from other appropriate committees as needed for this project, such as the IACUC (if the research includes animals), the IBC (if the research involves biohazards), the Radiation Safety Committee (if the research involves x-rays or other radiation producing devices or procedures), etc.; and to obtain background checks for staff when necessary.
* I understand that IRB approval of this project does not grant access to any facilities, materials, or data on which this research may depend. Such access must be granted by the unit with the relevant custodial authority.
* I agree that all activities will be performed in accordance with all applicable federal, state, local, and Iowa State University policies.

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Signature of Principal Investigator Date Signature of Major Professor/Supervising Faculty Date

(*Required when the principal investigator is a student*)

* I have reviewed this application and determined that departmental requirements are met, the investigator(s) has/have adequate resources to conduct the research, and the research design is scientifically sound and has scientific merit.

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Printed Name of Department Chair/Head/Director Signature of Department Chair/Head/Director Date

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| **For IRB**  **Use Only** | Not Research Per Federal Regulations | No Human Participants | Review Date: |
|  | Minimal Risk | EXEMPT Per 45 CFR 46.101(b): | |
| *IRB Reviewer’s Signature* | | | |

**Exempt Study Information**

**Please provide *Yes* or *No* answers, except as specified. Incomplete forms will be returned without review.**

**Part A: Key Personnel**

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| 1. **List all members and relevant qualifications of the project personnel and define their roles in the research.** Key personnel include the principal investigator, co-principal investigators, supervising faculty member, and any other individuals who will have contact with the participants or the participants' data (e.g., interviewers, transcribers, coders, etc.). This information is intended to inform the committee of the training and background related to the specific procedures that each person will perform on the project. For more information, please see [Human Subjects – Persons Required to Obtain IRB Training](http://policy.iastate.edu/policy/humansubjectstraining). | | | | | | |
| **NAME** | **Interpersonal contact or communication with subjects, or access to private identifiable data?** | **Involved in the consent process?** | **Contact with human blood, specimens, or other biohazardous materials?** | **Other Roles in Research** | **Qualifications (i.e., special training, degrees, certifications, coursework, etc.)** | **Human Subjects Training Date** |
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**Please complete additional pages of key personnel as necessary.**

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| **Yes** | **No** | 1. **Does your study include children (persons under age 18) as research subjects?** |
| If ***Yes***, please read and respond to the following:  ISU policy requires that background checks be completed for all researchers and key personnel who will have any contact with children involved in this research project.  Details regarding this policy can be found [here](http://policy.iastate.edu/policy/youthprograms). **Principal Investigators and faculty supervisors are responsible** for ensuring that background checks are completed BEFORE researchers or key personnel may have any contact with children. Records documenting completion of the background checks must be kept with other research records (e.g., signed informed consent documents, approved IRB applications, etc.) and may be requested during any audits or Post-Approval Monitoring of your study. | | |
|  | **Agreed** | **2.a. Please check here to indicate that you have read this information and agree that you will comply with these requirements.** |

**Part B: Funding Information and Conflicts of Interest**

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| **Yes** | **No** | 1. **Is or will the project be externally funded?** |
| If ***No***, skip to question 8. | | |
| If ***Yes***, please identify the type(s) of source(s) from which the project is directly funded.  Federal agency  State/local government agency  University or school  Foundation  Other non-profit institution  For-profit business  Other; specify: | | |
| **Yes** | **No** | 1. **Is ISU considered to be the Lead or Prime awardee for this project?** |
| **Yes** | **No** | 1. **Are there or will there be any subcontracts issued to others for this project?** |
| **Yes** | **No** | 1. **Is or will this project be funded by a subcontract issued by another entity?** |
| **Yes** | **No** | 1. **If ISU is the recipient of the subcontract, does it involve any federal funding, such as federal flow-through funds?** |
| 1. **If this project will be externally funded, please provide the complete name(s) of the funding source(s); please do not use acronyms.** If any subcontracts will be issued to others, please describe and include a list of all entities. | | |
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| **Attached** | | 1. **Please attach a complete and final copy of the entire grant proposal or contract from which the project is or will be funded.** |
| **Yes** | **No** | 1. **Do or will any of the investigators or key personnel listed on this application have a conflict of interest management plan in place with the Office of the Vice President for Research & Economic Development?** |

**Part C: General Overview**

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| **Please provide a brief summary of the purpose of your study:** |
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| **Please provide a brief summary of your research design:** |
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**Part D: Exemption Categories**

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| **Yes** | **No** | 1. **Are you conducting research on Educational Practices (e.g., instructional techniques, curriculum effectiveness, etc.)? If *Yes*, please answer questions 1a through 1e. If *No*, please proceed to question 2.** | | |
|  | Yes | No | **1.a.** | Will the research be conducted in an established or commonly accepted educational setting, such as a classroom, school, professional development seminar, etc.? |
|  | Yes | No | **1.b.** | Will the research be conducted in any settings that would **not** generally be considered to be established or commonly accepted educational settings? If *Yes*, please specify: |
|  | Yes | No | **1.c.** | Will the research procedures and activities involve normal educational practices (e.g., activities that normally occur in the educational setting)? Examples include research on regular or special education instructional strategies or the effectiveness of instructional techniques, curricula, or classroom management methods. |
|  | Yes | No | **1.d.** | Will the research procedures include anything **other than** normal educational practices? If *Yes*, please specify: |
|  | Yes | No | **1.e.** | Will the procedures include randomization into different treatments or conditions, radically new instructional strategies, or deception of subjects? If *Yes*, please specify: |

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| **Yes** | **No** | 1. **Does your research involve use of educational tests, survey procedures, interview procedures, or observations of public behavior? If *Yes*, please answer questions 2.a. through 2.b. If *No*, please proceed to question 3.** | | |
|  | Yes | No | **2.a.** | Will the research involve one or more of the following? (Check all that apply.)  The use of educational tests (cognitive, diagnostic, aptitude, achievement)  Surveying or interviewing adults  Observations of public behavior\* of adults  Observations of public behavior\* of children, when the researcher will not interact or intervene with the children  \*Note: Activities occurring in the workplace and school classrooms are not generally considered to involve public behavior. |
|  | Yes | No | **2.b.** | Are **all** of the participants elected or appointed public officials or candidates for public office? |
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| **Yes** | **No** | 1. **Does the research involve the collection or study of *currently existing* data, documents, records, pathological specimens, or diagnostic specimens? If *Yes*, please answer questions 3.a. through 3.b. If *No*, please proceed to question 4.** | | | | | |
|  | Yes | No | **3.a.** | Are **all** of the data, documents, records, or specimens **publicly** available? | | | |
|  | Yes | No | **3.b.** | Will the data you record for your study include ID codes? If *Yes*, please answer 3.b.(1) and 3.b.(2). | | | |
|  |  |  |  | Yes | No | **3.b.(1).** | Does a “key” exist linking the ID codes to the identities of the individuals to whom the data pertains? |
|  |  |  |  | Yes | No | **3.b.(2).** | Will any persons on the research team have access to this key? |

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| **Yes** | **No** | 1. **Does your research involve Taste and Food Quality tests and Consumer Acceptance Studies involving food? If *Yes*, please answer questions 4.a. through 4.c. If *No*, please proceed to question 5.** | | |
|  | Yes | No | **4.a.** | Is the food to be consumed normally considered wholesome, such as one would find in a typical grocery store? |
|  | Yes | No | **4.b.** | If the food contains additives, are the additives at or below the level normally considered to be safe by the FDA, EPA, or Food Safety and Inspection Service of USDA? Consider additives in commercially available foods found at a grocery store and/or any additives that are added to food for research purposes. |
|  | Yes | No | **4.c.** | If there are agricultural chemicals or environmental contaminants in the food, are they at or below the level found to be safe by the FDA, EPA, or Food Safety and Inspection Service of USDA? |

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| **Yes** | **No** | 1. **Is your study a research or demonstration project to examine**  * **Federal** public benefit or service programs such as Medicaid, unemployment, social security, etc.; or * Procedures for obtaining benefits or service under these programs; or * Possible changes in or alternatives to those programs or procedures; or * Possible changes in methods or levels of payment for benefits or services under these programs? | | |
|  | Yes | No | **5.a.** | If *Yes*, is the research or demonstration project pursuant to specific federal statutory authority? |

**Part E: Additional Information**

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| **Yes** | **No** | 1. **Does your research involve any procedures that do not fit into one or more of the categories in items #1–#5 listed above, such as the following? (Check all that apply.)** |
|  |  | Usability testing of websites, software, devices, etc.  Collection of information from private records when identifiers are recorded  Procedures conducted to induce stress, moods, or other psychological or physiological reactions  Presentation of materials typically considered to be offensive, threatening, or degrading  Video recording or photographing non-public behaviors  Use of deception (e.g., misleading participants about the procedures or purpose of the study)  Physical interventions, such as  blood draws  new collection of biological specimens  use of physical sensors (ECG, EKG, EEG, ultrasound, etc.)  exercise, muscular strength assessment, flexibility testing  body composition assessment  measuring of height and weight  x-rays  changes in diet or exercise  Tests of sensory acuity (i.e., vision or hearing tests, olfactory tests, etc.)  Consumption of food (other than as described in #4) or dietary supplements  Clinical studies of drugs or medical devices  Other; please specify: |
| **Yes** | **No** | **6.a.** If *Yes*, is your research conducted in an established educational setting, **and** are the checked procedures part of normal educational practices given that setting? If *Yes*, please describe: |

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| **Yes** | **No** | 1. **Do you intend or is it likely that your study will include any persons from the following populations? (Check all that apply.)**   Prisoners  Cognitively impaired  Children (persons under age 18)  Wards of the State  Persons who are institutionalized  **7.a.** If *Yes*, please describe how they will be involved and what procedures they will complete: |

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| **Yes** | **No** | 1. **Will any of the following identifiers be *linked to the data* at any time point during the research? (Check all that apply.)**   Names:  First Name Only  Last Name Only  First and Last Name  Phone/fax numbers  ID codes that can be linked to the identity of the participant (e.g., student IDs, medical record numbers, account numbers, study-specific codes, etc.)  Addresses (email or physical)  Social security numbers  Exact dates of birth  IP addresses  Photographs or video recordings  Other; please specify: |
| Yes | No | 1. **Is there a reasonable possibility that participants’ identities could be ascertained from any combination of information in the data? If *Yes*, please describe:** |
| Yes | No | 1. **Will participants’ identities be kept confidential when results of the research are disseminated?** |
| Yes | No | 1. **Could any of the information collected, if disclosed outside of the research, reasonably place the subjects at risk of any of the following? (Check all that apply.)**   Criminal liability  Civil liability  Damage to the subjects’ financial standing  Damage to the subjects’ employability  Damage to the subjects’ reputation |
| **Yes** | **No** | 1. **Does the research, directly or indirectly, involve or result in the collection of any information regarding any of the following? (Check all that apply.)**   Use of illicit drugs  Criminal activity  Child, spousal, or familiar abuse  Mental illness  Episodes of clinical depression  Suicidal thoughts or suicide attempts  Health history  History of job losses  Exact household income other than in general ranges  Negative opinions about one’s supervisor, workplace, teacher, or others to whom the subject is in a subordinate position  Opinions about race, gender, sexual orientation, or any other socially sensitive or controversial topics  Sexual preferences or behaviors  Religious beliefs  Any other information that is generally considered to be private or sensitive given the setting of your research; if so, please specify: |

**After completion of Parts A, B, and C of this application, please send the completed form to:**

**Institutional Review Board (IRB)  
Office for Responsible Research**

**1138 Pearson Hall**

**Ames, IA 50011-2200**

***Data collection materials (e.g., survey instruments, interview questions, recruitment***

***and consent documents, etc.) do not need to be submitted with this application.***

**If you have any questions or feedback, please contact the IRB office at** [**IRB@iastate.edu**](mailto:IRB@iastate.edu) **or 515-294-4566.**